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AUTHOR Shown, D. G.
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ABSTRACT

A comparative study was made in 10 states in Nigeria to find out whether the 53 Vocational Centers established by various agencies meet the real needs of the beneficiaries (especially disabled persons). Questionnaires were distributed to all the 53 centers in the 10 states, all staff attached to the centers, employment agencies that have employed graduates of the centers, and all social welfare officers in charge of organizing rehabilitation services in the states. Of the 5,000 questionnaires sent out, a total of 3,535 were returned. The study showed a lack of a clear-cut objective and evaluation procedures in most centers and noted that only a very small percentage of disabled persons was served. The study also showed that most of the early centers were developed by missionaries. It points to a lack of self-reliance development and poor medical facilities for the beneficiaries. However, the effects of these conditions are less in centers that are small and were established by voluntary organizations. Although some attempts were made to provide training, lack of qualified professional staff to handle some psychological, social, and physical problems of the beneficiaries was identified. Even where a few professionals are available, there is a high turnover of such staff. (KC)

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1. TOPIC:

EVALUATION OF REHABITATIONAL SERVICES IN NIGERIA

D.G. Shown Ph.D.
University of Jos, Nigeria.

2. ABSTRACT:

This is a comparative study of ten States in Nigeria to find out whether the 53 Vocational Centres established by various agencies meet the real need of the beneficiaries. The study revealed lack of a clear cut objective and evaluation procedures in most centres. The study also showed that most of the early centres were developed by missionaries. The study also points to lack of developing self reliance and poor medical facilities. For the beneficiaries. However the effects of these were less in centres that were not large and established by voluntary organisation. Although some attempts were made in providing some educational training, Lack of qualified professional staff to handle some psychological, social and physical problems of the beneficiaries were identified. Where a few of such professional exist, there is a high turn over of such staff.

3. OBJECTIVE OF THE STUDY:

The objective was to closely looked at all the status of rehabilitation services in 10 States of the Federation of Nigeria and to ascertain whether the services provided by the centres in terms of educational, vocational, social, medical, recreational psychological, self relience meet the real need of the beneficiaries.

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4. METHODOLOGY:

In seeking to determine the purpose of the study, questionnaires were distributed to

(i) All the 53 existing centres in the 10 States

(ii) All staff attached/appointed to the centre (both professional and non-Professionals)

(iii) Employment agencies known to have employed graduates of the centre.

(iv) All social welfare officers in charge of organising rehabilitation services in these states.

Out of 5000, questionnaires sent out a total of 3, 535 were returned. These were regarded as quite representative. This was more so that not less than 300 questionnaires were returned from the various States involved in the study.

The encouraging returned of the questionnaire were as result of

(a) The questions were very short and clear which provided spaces for responses.

(b) The questionnaires were accompanied by introductory letters. Experiences have shown that a very personal cover letter makes the respondent feel important and gets involved.

(c) Incentive like providing some finances to cover fuel money when questionnaires were returned helped to motivate respondents to returned the questionnaires.

The results were analysed based on the following questions.

(i) Date of establishments and agencies that established them.

In order to ascertained the goal of establishing the centres, a section of the questionnaire aimed at providing information as regard the date and which agency established the centre. The table below indicates such information.

No	ESTABLISHMENTS	RANK NUMBER	% OF THE TOTAL NUMBER
i	Federal Government	2	3.77
ii.	Fed/State Governments	1	1.88
iii	State Government	20	37.73
iv.	State/Local Governments	12	22.64
v.	Missionary organisations	13	24.52
vi.	Local Govt. Fed. Govt.	1	1.88
vii.	Local Government	3	8.66
viii.	Private Organisations	1	1.88
	TOTAL	53	

ii. Distribution of Categories of handicapped persons benefiting from the Centre

Analysis of the questionnaire revealed the following distribution of the various handicapped that benefits from. The 53 centres in the ten States.

TABLE IIB

DISTRIBUTION OF REHABILITATED CATEGORIES OF HANDICAPPED IN THE STATES:

No	CATEGORIES	NUMBER	PERCENTAGE
i.	Visually handicapped	2,908	67.36
ii.	Speech defects	16	8.26
iii.	Hearing problems	18	0.29
iv.	Mentally retarded	1,111	18,09
v.	Crippes (Polio)	280	4,56
vi.	Leprosy & related problems	1,806	29,41
vii.	Aged and Destitutes	0	0

The table below also shows the analysises of estimated population, total number of disabled person and the number and percentages of such disabled person benefiting from each of the ten named States.

TABLE 111B

STATE	ESTIMATED NATIONAL POPULATION OF 92 MILLION	TOTAL NUMBER of DISABLED	TOTAL NUM-NUMBER IN REHABILI-TATION 1981 - 1984	% IN REHAB-ILITATION	POSITION
Bauchi	4.0m	440000	449	0.10	2nd
Benue	4.0m	410000	207	0.05	7th
Borno	4.9m	460000	281	0.06	6th
Gongola	4.3m	470000	311	0.066	4th
Kaduna	6.7m	970000	379	0.04	8th
Kano	9.5m	1480000	309	0.021	10th
Kwara	2.8m	330000	215	0.065	5th
Niger	2m	240000	199	0.08	3rd
Plateau	3.3m	370000	498	0.14	1st
Sokoto	7.4m	1080000	291	0.09	9th

iii. Distribution of Specialised equipment and facilities in the Centres.

In order to deduce whether the centres provide adequately to the real needs **of the** beneficiaries a detailed analysis of the facilities available in the centre were done as provided by the information in the questionnaire, Below is the analysis.

TABLE VB = DISTRIBUTION OF FACILITIES IN EACH STATE:

FACILITIES	-Bauchi	-Benue	-Borno	-Gongola	-Kaduna	-Kano	-Kwara	-Niger	-Plateau	-Sokoto
A. ACCOMMODATION										
Dormitories (Male)	4	6	2	2	4	4	6	6	11	6
Dormitories(Female)	2	1	2	3	2	4	2	1	3	4
Staff Houses/offices	2	6	6	8	12	6	10	7	17	7
Dinning Hall	1	2	1	1	2	2	2	2	2	2
Lounne & Kitchen	2	2	1	2	2	2	3	1	2	2
B. INDUSTRIAL REHABILITATION FACILITIES										
Engineering Lab.	0	0	0	1	1	1	0	0	2	2
Show Room	1	2	1	2	2	1	1	3	4	1
Woodwork Assembly	0	0	0	0	0	0	0	0	0	0
Shop	0	0	0	0	0	0	1	0	2	0
Workshop for	1	0	0	0	0	0	0	0	0	0
Training	1	1	1	1	1	2	1	1	3	6
C. AGRICULTURAL REHABILITATION FACILITIES	0	0	0	0	0	0	0	0	0	0
Workshop for Training	0	0	0	0	0	0	0	0	0	0
Seed and Plant Nur.	0	0	0	0	0	0	0	0	0	0
Seedling Room	0	1	0	0	0	0	1	0	1	1
Training Farm Area	0	0	0	0	0	0	0	0	0	0
Extra Land Area	0	0	0	0	0	0	0	0	0	0
Show Room	0	1	1	0	0	1	1	0	1	1
Poultry Farm	1	2	2	1	3	1	1	1	3	1
Implement Room										

IV. ~~XV.~~ Distribution of Professional and Aids.

The Psychological, Physical, Social and Educational needs of the disabled persons being rehabilitated in the centres need the backing of trained staff if the services provided are to be adequate. Analysis below show the distribution of type of personnel employed in the centre.

TABLE VIB SHOWS THE DISTRIBUTION OF TYPES OF PERSONNEL (STAFF) EMPLOYED IN THE CENTRE

TABLE VIB

PERSONNEL	-Bauchi	-Benue	-Borno	-Gongola	-Kaduña	-Kano	-Kwara	-Niger	-Plateau	-Sokoto
MEDICAL	2	12	12	7	2	1	1	1	15	6
Nurses	1	2	1	2	2	2	1	0	4	0
Medical Doctors	0	0	0	0	0	1	1	0	1	0
SOCIAL WORKERS										
Higher Degree	2	4	0	2	2	0	4	0	4	1
Graduate	2	1	7	8	10	2	3	2	1	7
Diploma	0	0	0			18	1	3	0	2
Certificate	0	0	1	3	6		0	9	2	1
Attended Short courses and seminars										
SPECIAL EDUCATION										
Higher Degree	0	0	0	0	0	0	0	0	0	0
Graduate	0	0	0	0	0	0	0	0	0	0
Diploma	0	0	0	3	0	0	0	0	3	0
Attended short courses	1	0	0	0	0	0	0	1	6	0
Certificate	0	4	0	0	4	1	2	2	0	0
TECHNICAL										
Higher Degree	0	0	0	0	0	0	0	0	0	0
Graduate	0	0	0	0	0	0	0	0	1	0
Diploma	0	0	0	0	0	0	0	1	4	5
Certificate	7	11	0	2	0	6	4	6	0	0
Instructor	30	15	27	21	31	41	25	27	14	47
Learned by Experience	6	0	3	2	2	4	1	1	5	0
NON PROFESSIONAL	0	0	0	0	0	0	0	0	0	0
Higher Degree	1	5	0	0	2	0	2	0	2	0
Graduate	0	1	0	0	1	3	1	3	3	4
Diploma	0	0	0	0	3	1	5	6	0	22
Certificate	10	10	17	21	16	20	8	19	8	20
Primary 7 & 6	21	6	22	14	18	22	12	25	13	21
Non formal Education										
Total	86	103	310	294	106	106	86	109	105	126

(V) How adequate were the services provided

The adequacy of the provision of the services were analysed based on ten expected services known have prepared the disabled persons meet his real need. Such services include Educational, Counselling, Social Psychological Medical, work guidance, recreational legislative, religious and vocational.

The table below the extend as to how adequate such services were:

TABLE VIIB: THE EXTENT OF WHICH SERVICES ARE ADEQUATE

STATE	SERVICES	VERY ADEQUATE	SOMEWHAT ADEQUATE	NOT ADEQUATE
BAUCHI	Educational Services	30	25	45
	Social Services	15	20	65
	Marriage Counselling	0	0	100
	Medical	45	30	25
BAUCHI	Work Guidance	0	0	100
	Recreational	3	10	87
	Legislative Services	0	0	100
	Programme Placement Services	0	0	100
	Vocational Services	0	0	100
BENUE	Educational Services	11	13	76
	Marriage Counselling	0	0	100
	Psychological Serv.	0	0	100
	Medical	38	16	46
	Work Guidance	0	0	100
	Recreational	10	12	78
	Legislative Services	0	0	100
	Programme Placement Services	0	0	100
	Vocational Services	18	32	50
BORNO	Educational	23	15.8	61.8
	Marriage Counselling	0	0	100
	Psychological Services	0	0	100
	Social	26	20.8	53
	Medical	12.5	27.5	60
	Work Guidance	0	0	100
	Recreational	9.2	18.8	72
	Legislative Services	0	0	100
	Religious Services	30	25	45
		28.7	18.3	54
GONGOLA	Educational Services	19	20	61
	Marriage Counselling	0	0	100
	Social	30	18	52
	Psychological Services	0	0	100
	Medical	27.3	12.5	60
	Work Guidance	0	0	100
	Recreational	7	20	73
	Legislative Services	0	0	100
	Religious Services	0	0	100
	Religious Services	0	0	100
	Vocational Services	0	0	100
KADUNA:	Educational Services	30	32	44
	Marriage Counselling	0	0	100
	Social	31.5	35.5	33
	Work Guidance	0	0	100
	Psychological Counselling	0	0	100
	Medical	15	17.5	67.5
	Recreational	10	20.5	69.5
	Legislative Services	0	0	100
	Religious Services	41	31	28
	Vocational Services	29	25	46

KANO	Educational Services	21	23	56
	Marriage Counselling	0	0	100
	Social	24	30	46
	Psychological Counselling	0	0	100
	Medical	13	14	73
	Work Guidance	0	0	100
	Recreational	5	27.5	67.5
	Legislative Services	0	0	100
	Religious Services	60	20	20
	Vocational Services	29.5	21.5	69
KWARA	Educational Services	30	14	46
	Marriage Counselling	0	0	100
	Social Services	19	21.1	59.9
	Psychological Services	0	0	100
	Social Services			
	Medical	38	16	46
	Work Guidance	0	0	100
	Recreational	10	11.7	78.3
	Legislative Services	0	0	100
	Religious Services	0	0	100
	Vocational Services	18	13	69
PLATEAU	Educational Services	30	25	45
	Marriage Counselling	0	0	100
	Social	15	20	65
	Psychological Counselling	0	0	100
	Medical	50	30	20
	Work Guidance	0	0	100
	Recreational Services	11	10.7	78.3
	Legislative Services	0	0	100
	Religious Services	60	20	20
	Vocational Services	42	18	40
SOKOTO	Marriage Counselling	0	0	100
	Educational Services	9	14	77
	Social	18	21.1	60.9
	Psychological Counselling	0	0	100
	Medical	36	17	47
	Work Guidance	0	0	100
	Recreational Services	11	10.7	78.3
	Legislative Services	0	0	100
	Programme Placement	51	31	18
	Vocational Services	12	16	72

5. Implications of the Findings.

(a.) Establishments and Agencies:

The result revealed that the earliest centres were established by voluntary organizations notably mission organisation. This seems to take the same pattern with the historical establishment of Special Schools in Nigeria. Such centres established by the mission organisations were smaller and provided better medical facilities than the ones provided by the government agencies. However, since their goal was to propergate christian faith, educational counselling, recreational, social and psychological provisions were played down.

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Literacy training was just aimed at knowing how to read the Bible or Christian Literature only. Evidences of basic Vocational skills training were noted but these lacked clearly defined objective that should lead to self sustaining after leaving the centre. The absence of basic agricultural and animal husbandary training skills is disturbing. Since the States studied were bless with rich forming land.

(b) Categories of Handicapped Person Benefiting from the Services

In general, the member of those provided with rehabilitation services in the ten states was insighificant. However the findings revealed that the smaller the number the better the services. These were evidence in smaller states like Bauchi, Plateau and Higer. This finding supports Sambo (1981) who pointed out that over 70% of disabled person are not privillaged to enjoy rehabilitation services in Nigeria. This has economic, implications if the real needs of such persons are to be met. This needs a national policy and financial backing of Federal Government. A clearly defined objective need to be stated.

(c) Special Equipment and Facilities:

The findings revealed inadequacy of Special equipment and facilities which should back the services provided. What was disturbing was the lack of technical knowledge of maintaining such special equipment. Especially those imported. However, a few evidences of locally made materials were found in some centres. These findings have implications as regard developing a national policy of Special equipment for the disabled in the country. Such a national policy should include establishment of a national resources centre which should also encourage local production and maintainance of such equipment. The practice whereby existing centres import such equipment should be handle centrelly with financial backing by the central government.

(d) Evidences of Pla ned Social Programmes

The findings of this study clearly showed lack of social priorities. There seems to be no clearly stated principles as to what social priorities the nation should adopt to meet the needs of the disabled. The based approach as pointed out by shown 1986 was based on good will and certainly goodwill not enough. This is also have implication as regards developing a national social programme in a country like Nigeria where the total number of the disabled persons

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have been estimated at well are ten million (Jack T. 1981) This figure is sufficient for any country to developed a purposeful social programmes to cater for such groups. The problems would be further aggrevated by lack of job opportunities and hard economic problems.

(e) Self help programmes:

Bull (1982) stressed the need for a good rehabilitation centre to provide a self-help skill that would help the disabled persons sustain himself or herself after leaving the centre. Evidence from the study revealed a lack of provision of self-help programme which has unique feature of creating completely self-contained training packages or Nudular Units around each useful function. However, a special mentioned of a kind of services provided by a reverend sister in Bauchi State seems to encourage such self-help skill. Trade skills were taught there and the products sold to the community which help to maintain the trainers economically. The practice also has an advantage of preparing them for self-sistaining after the training.

CONCLUSION:

Rehabilitation services in these states need improvement if the real needs of the disabled are to be met. The objectives of establishing and expanding such services should be clearly defined. Purposeful and imaginative planning is needed to meet the desired objective and not based on goodwill. Educational curricular should be expanded with a target objective. Public Education as the desirability of establishing such centres should be included in the plan and the plan should include any at solving some of the psychological social and economic problem associated with di abled persons.

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